



I020409-001

United States  
Department of  
Agriculture

ENQL 7-1 CY09  
PERMANENT  
Retire 1/14

Animal and  
Plant Health  
Inspection  
Service

January 13, 2009

Policy and Program  
Development

Environmental  
Services, Unit 149  
4700 River Road  
Riverdale, MD  
20737

Document Processing Desk [6(a)(2)]  
Office of Pesticide Programs (7504P)  
U.S. Environmental Protection Agency  
Ariel Rios Building  
1200 Pennsylvania Avenue, N.W.  
Washington, DC 20460-0001-

ATTN: Norman Spurling (7502P)

SUBJECT: **FIFRA, Section 6(a)(2) report: single adverse effect  
incident dated December 4, 2008 for the reporting  
period ending April 30, 2009**

The Animal and Plant Health Inspection Service (APHIS) is submitting an adverse effects incident report in an effort to comply with the reporting requirements of section 6(a)(2) of the Federal Insecticide, Fungicide and Rodenticide Act. This report is for the following pesticide product for the reporting period ending April 30, 2009:

EPA Reg. No. 56228-15  
Active Ingredient:  
Sodium Cyanide

M-44 Cyanide Capsules  
CAS No. 143-33-9

Incident Category  
W-B

No. of Incidents  
1

The incident was reported to the U.S. Fish and Wildlife Service (see enclosure 2) and involved a member of a non-essential, experimental wolf population (see enclosure 1). Please direct any questions pertaining to this adverse incident report to Ann Nasr at (301) 734-5170 or e-mail [ann.m.nasr@aphis.usda.gov](mailto:ann.m.nasr@aphis.usda.gov).

Sincerely,

*David A. Borge*  
for

Kenneth R. Seeley  
Chief, Environmental Services  
Policy and Program Development

Enclosures

*emailed to  
N. Mastrotta  
J. Schnackenberg  
F. Davido  
1/27/2009*



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U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
WILDLIFE SERVICES

## 6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE <b>WB</b>	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT <b>12-4-08</b>	OST USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New <b>12-16-08</b>	<input type="checkbox"/> Update Date of last submission		
EMPLOYEE NAME (To contact for additional information) <b>Nordell Putnam</b>		TELEPHONE NUMBER <b>307-884-8321</b>	CONTACT NAME (If Non-APHIS or different from reporter) <b>Rod J Merrell</b>	
DUTY STATION ADDRESS <b>P.O. Box 25 Auburn, WY 83111</b>		ADDRESS <b>P.O. Box 367 Rock Springs, WY 82902</b>		
INCIDENT LOCATION		SOURCE OF INFORMATION		
CITY <b>Cokeville</b>	STATE <b>WY</b>	COUNTY <b>Lincoln</b>	<input checked="" type="checkbox"/> Self <input checked="" type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input checked="" type="checkbox"/> Oral Report <input type="checkbox"/> Other	
EXPOSURE TYPE (Examples include spill, splash, drift, run-off or other.) <b>Oral consumption</b>				
INCIDENT SITE (examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)) <b>Range land administered by BLM but land locked by deeded private land</b>		SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: (examples include application, mixing/loading, reentry, during transport, repair/maintenance of applicator equipment, during manufacturing/formulation) <b>Non-target take by M-44 Sodium Cyanide capsule</b>		
EPA REGISTRATION NUMBER <b>#56228-15</b>	PRODUCT NAME <b>M-44 Cyanide Capsules</b>		ACTIVE INGREDIENT <b>Sodium Cyanide</b>	
WAS THE PRODUCT <input type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (if applicable) <b>N/A</b>		WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (if applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
IS THERE EVIDENCE OF INTENTIONAL MISUSE (if "Yes", explain) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

## SUMMARY OF THE INCIDENT (Attach supplemental form)

A re-introduced Canadian Grey wolf dispersing from its home territory near the east entrance of Yellowstone Park encountered an M-44 device that had been placed for the protection of sheep that graze and lamb on the Smith's Fork north of Cokeville, WY. The wolf ingested the Sodium Cyanide when it pulled the device. There were no known wolves in this particular area. The area where the wolf was killed was approximately 300 miles south, southwest of the wolf's last known location. Approximately 150-160 air miles. RPK

NAME OF PREPARER <b>Rod J. Merrell</b>	SIGNATURE <b>Rod J Merrell</b>	TELEPHONE NUMBER <b>307-362-7238</b>	DATE <b>12-16-08</b>
NAME OF SUPERVISOR <b>Rod Kruschke</b>	SIGNATURE <b>RPK Kruschke</b>	TELEPHONE NUMBER <b>307-261-5336</b>	DATE <b>12/17/08</b>



## United States Department of the Interior

U.S. Fish and Wildlife Service  
Wyoming Wolf Recovery  
P.O. Box 2645  
Jackson, WY 83001  
Phone (307)330-5631, FAX (307)733-7096



December 15, 2008

Roy Brown  
U.S. Fish and Wildlife Service  
Special Agent  
P.O. Box 570  
Lander, WY 82520



Roy,

On December 4, 2008, I received a phone call from Rod Merrell (USDA Wildlife Services) explaining that a wolf had been killed by a Wildlife Services M-44 placed near Cokeville, WY. The dead wolf was a radio collared female wolf (ID #665) that had dispersed >200 miles from a pack west of Cody, WY. At the time wolf #665 was killed, there were no known wolf packs in the Cokeville area and we knew of no other wolf activity in that area. Wildlife Services routinely checks with the USFWS prior to placing M-44 in Wyoming to verify if there are wolves in areas where they may be working. The USFWS always reminds Wildlife Services that they must remove all M-44 equipment if they discover wolf sign or there are legitimate wolf sightings in the area.

If you have any questions or if I can be of further assistance, please contact me at (307)330-5631.

Sincerely,

Mike Jimenez  
U.S. Fish and Wildlife Service  
Wyoming Wolf Recovery Project Leader  
P.O. Box 2645  
Jackson, WY 83001